## EMERGENCY EQUIPMENT RENTAL AGREEMENT

| 1. ORDERING OFFICE (name and address)   |                     |                             | AGREEMENT NUMBER MUST APPEAR ON ALL PAPERS RELATING TO THIS AGREEMENT                           |                     |                |                |                                    |
|---|---------------------|-----------------------------|---|---------------------|----------------|----------------|------------------------------------|
| Department of Natural Resources & Consequation  |                     |                             | 2. AGREEMENT NUMBERS:   |                     |                |                |                                    |
| Department of Natural Resources & Conservation Attn: Jeff Williams                      |                     |                             | DNRC: DNR-075360-14   |                     |                |                |                                    |
| PO Box 201601 Helena MT 59620-1601  |                     |                             | FS: AG-0343-C-07-3039<br>BLM: ESE070613   |                     |                |                |                                    |
|   |                     |                             |   |                     |                |                |                                    |
|   |                     |                             | a. beginning  | <u> </u>            |                | b. ending 5/.  | 31/08                              |
| 4. CONTRACTOR a. name and add   | lress               |                             | 5. POINT (  | OF HIRE (location   |                |                |                                    |
| Wildland Waters   |                     |                             |   | Location            | n at time      | of hire.       |                                    |
| 8 Twilight Dr.  |                     |                             |   | .,                  |                |                |                                    |
| Clancy MT 59634   |                     |                             | 6. THE WORK RATE IS BASED ON ALL OPERATING SUPPLIES BEING FURNISHED BY  X CONTRACTOR GOVERNMENT |                     |                |                |                                    |
|   |                     |                             |   |                     |                |                |                                    |
| DUNS: 168997505   |                     |                             |   |                     |                |                |                                    |
| c. telephone number (day)  d. telephone number (night)                                  |                     |                             | 7. OPERATOR FURNISHED BY  X CONTRACTOR GOVERNMENT   |                     |                |                |                                    |
| 406-439-7437 or 406-457-<br>1425 406-439-1607 or 406-457-<br>1425                       |                     |                             |   |                     |                |                |                                    |
|   |                     |                             |   |                     |                |                |                                    |
| X SMALL BUSINESS   LARGE BUSINESS   | C SMALL DISADVANTAG | ÈD OWNED WWOME              | NOWNED DVETE  | PANIDISARI ED VETER | AN ET HUR ZONE | : FLOCAL GOV"T | PFFD> FMPLOYEE                     |
| 9. ITEM DESCRIPTION 10. NUMBER OF OPERATORS   |                     | 11 WORK OR DAILY 12 SPECIAL |   |                     |                |                |                                    |
|   |                     | OF                          | TI. WORK ON DAILY   |                     | 13. GUARANTE   |                | 13. GUARANTEE<br>(8 or more hours) |
|   |                     |                             |   | <del></del> -       |                | <u> </u>       | (o o, moio naaia,                  |
|   |                     |                             | a, rate   | b. unit             | a. rate        | b. unit        |                                    |
|   |                     |                             |   | Day (1.to           |                |                |                                    |
|   |                     |                             | \$970.00  | 7 days)             |                | ļ              |                                    |
|   |                     |                             |   |                     |                |                |                                    |
| Custom Wash Station- 12 sink  |                     | 1                           | \$970.00  | Day (8 to           |                |                |                                    |
|   |                     |                             | 4,,,,,,,  | 30 days)            |                |                |                                    |
| ·   |                     | •                           | \$970.00  |                     |                |                | ,                                  |
|   |                     |                             | 3770.00   | Day (31 +           |                |                |                                    |
|   |                     |                             |   | days                |                |                |                                    |
| Service calls/Delivery/Pickup: 5 units or less to a                                     |                     |                             | N/A   | mi.                 | N/A            | N/A            | N/A                                |
| location.   | location.           |                             |   | (See 14.d.)         | 17/74          | 1775           |                                    |
| Additional Service Calls ( per u  | nit, If ordered)    |                             | 1   | 1                   | Bite           | DT/A           | NT/A                               |
| The state of the same of the same of the state of the same of                           |                     |                             | \$50.00   | Ea.                 | N/A            | N/A            | N/A                                |
| Remote Travel Hourly Rate-Primitive Roads -   |                     | 625.00                      | 17  | NI/A                | N/A            | N/A            |                                    |
| See Division A 2.2 of IFB 075360.   |                     |                             | \$35.00   | Hr.                 | N/A            | INA            | 19/74                              |
| Mileage over 75 mile radius (75   |                     |                             |   |                     |                |                |                                    |
| 150 miles round trip). If a vendor is claiming  |                     |                             |   |                     |                |                |                                    |
| mileage over the 75 radius, the vendor must submit documentation from one of the online |                     |                             | \$1.50  | Mi.                 | N/A            | N/A            | N/A                                |
| route/direction web sites.  | e of the online     |                             |   |                     |                |                |                                    |
|   |                     |                             |   |                     |                |                |                                    |
| Reset Fee within camp area.   |                     | 1-                          | \$100.00  | E-                  | N/A            | Mi.            | N/A                                |
|   |                     |                             |   | Ea.                 |                | (See 14.e.)    | 14/74                              |

## 14. SPECIAL PROVISIONS

<sup>(</sup>a.) The Provisions of IFB 075360CSW and General Clauses along with replacement clauses are attached and incorporated herein. See attached DNRC General Provisions, Federal Acquisition Regulations (FAR) clauses, NRCG Supplemental Terms and Conditions to the General Clauses of the EERA, OF-294, and the Register of Wage Determination Under the Service Contract Act.

b. On day of delivery a service charge will be made only if another service call plus mileage to the site is required that same day. There will be no

pickup charge except for service and mileage the last day.

- c Reset fee: No mileage paid within the camp area. Mileage only will be charged for each trailer load if units are to be moved outside of the camp location. One day notification is required so contractor can bring required trailer for moving units.
- d. Equipment furnished under the agreement is not subject to pro-rating on the 1st or last day.
- e. This EERA is void if not presented with a valid Incident Specific Resource Order or Number.

f. BILLING - Each Host Agency is responsible for their incident payments.

Payment office will be designated in Block 9 on the Emergency Equipment - Use Invoice, Form OF-286.

Federal agency fire payments will be processed and paid by one of the national fire payment centers.

The States of Montana, North Dakota, and Idaho will process payments for their fires.

\*\* For the purpose of this ERA, an operational period is 24 hours. (0001-2400)

Due to the immediate needs dictated by wildland fire fighting activities, the normal procedures to document contractor deviations cannot be followed. If the contractor services/equipment fails to meet or exceed requirements, the contracting agency may take whatever steps are necessary to obtain services/equipment which meets their needs

| 15. CONTRACTOR'S OR AUTHORIZED AGENT'S SIGNATURE | 15. a. PRINT NAME AND TITLE    | 15. b. DATE |
|--|--------------------------------|-------------|
| Kathryn J. Raceuricz                             | KATHRYN J. RACEWICZ-OWER       | 4-28-07     |
| 16. DNRC CONTRACTING OFFICER'S SIGNATURE         | 16. a. PRINT NAME AND TITLE    | 16. b. DATE |
| Ill w. ni  | JEKFRY W. Williams Porch. ACT. | 5/10/07     |
| 17 FEDER CONTRACTING OFFICER'S SIGNATURE         | 17. a. PRINT NAME AND TITLE    | 17. b. DATE |
| ( les boules                                     | Deborablesselius Co            | 5/31/10     |